# CAHPS and Quality Improvement

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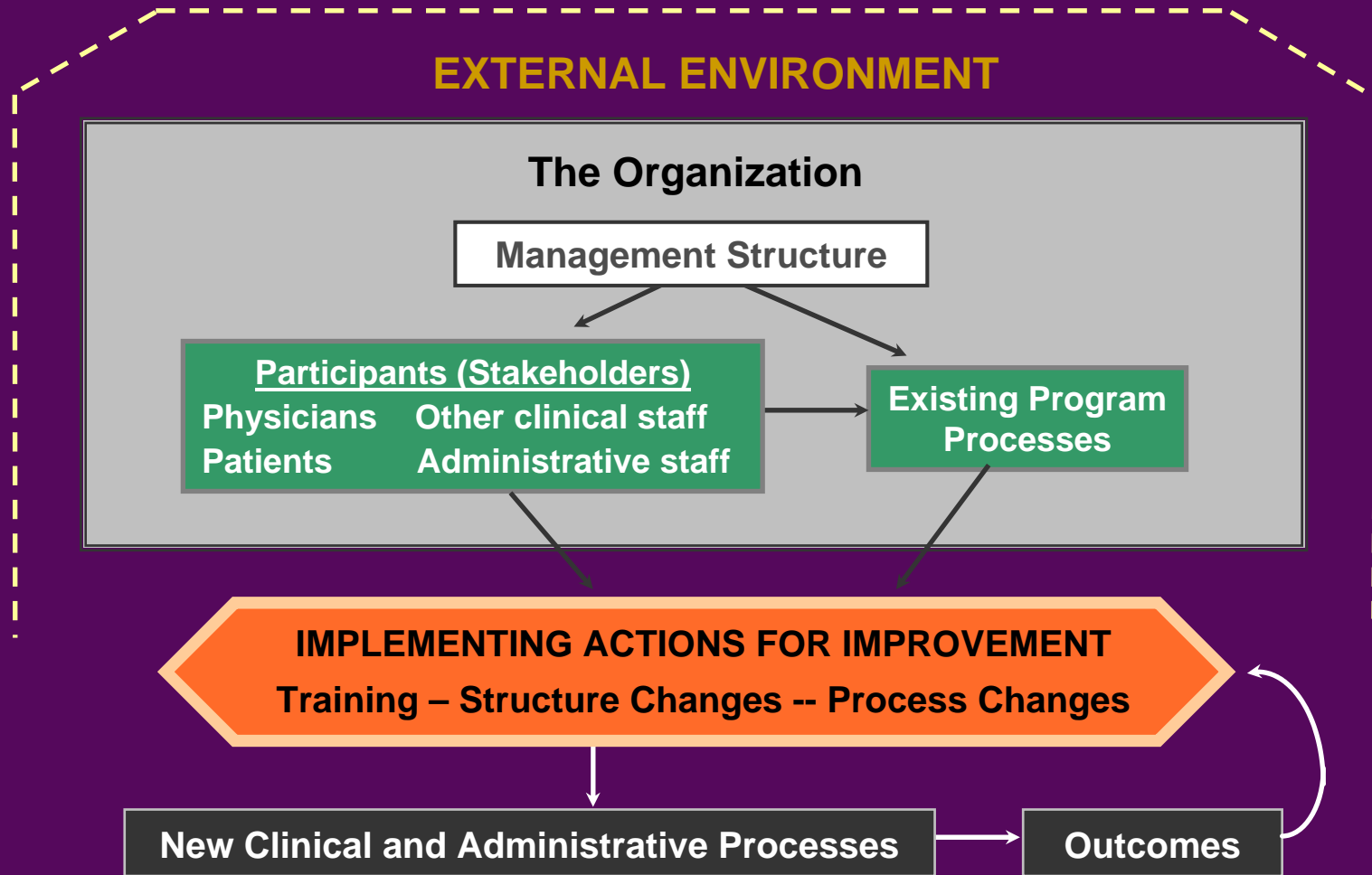
# CAHPS Approach to QI

- **Response to users need for guidance on "actionability"**
  - Research on how plans, providers using data now
  - Development of more detailed items, supplemental sets for "drilling down"
  - *The CAHPS Improvement Guide: Practical Strategies for Improving the Patient Care Experience,* CMS, 2003
  - Design and implementation of CAHPS QI activities: ICSI, ESRD Networks
  - Development of QI Resource Kit

# Conceptual Model: Setting the Context

**EXTERNAL ENVIRONMENT**

**The Organization**

**Management Structure**

**Participants (Stakeholders)**
Physicians    Other clinical staff
Patients      Administrative staff

**Existing Program Processes**

**IMPLEMENTING ACTIONS FOR IMPROVEMENT**
**Training – Structure Changes -- Process Changes**

**New Clinical and Administrative Processes**

**Outcomes**

# A Guide to the CAHPS QI Guidebook

**Section 1. Setting the Stage:**
An Infrastructure that Supports Improved Performance

**Section 2. Identifying Opportunities to Improve**

For each opportunity:

**Section 3. Implementing the CAHPS Improvement Cycle**

**Plan Strategy**
- Create team (if needed)
- Establish/confirm goals
- Investigate potential interventions (see Section 4)

**Reassess & Respond**
- Use CAHPS data to assess what worked, what didn't
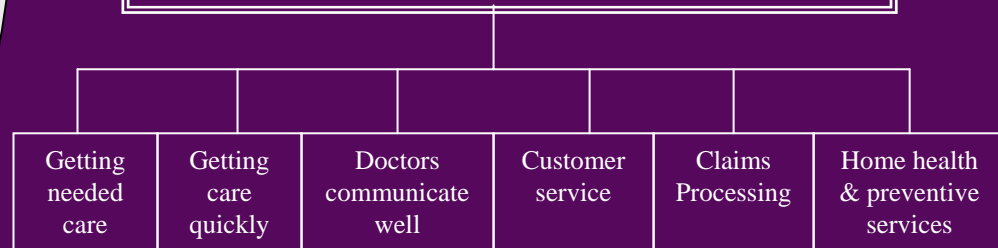- Spread successful innovations

**Develop and Test Strategy**
- Select measures to monitor progress
- Develop changes using selected intervention
- Conduct small tests of change
- Adapt changes to organizational context
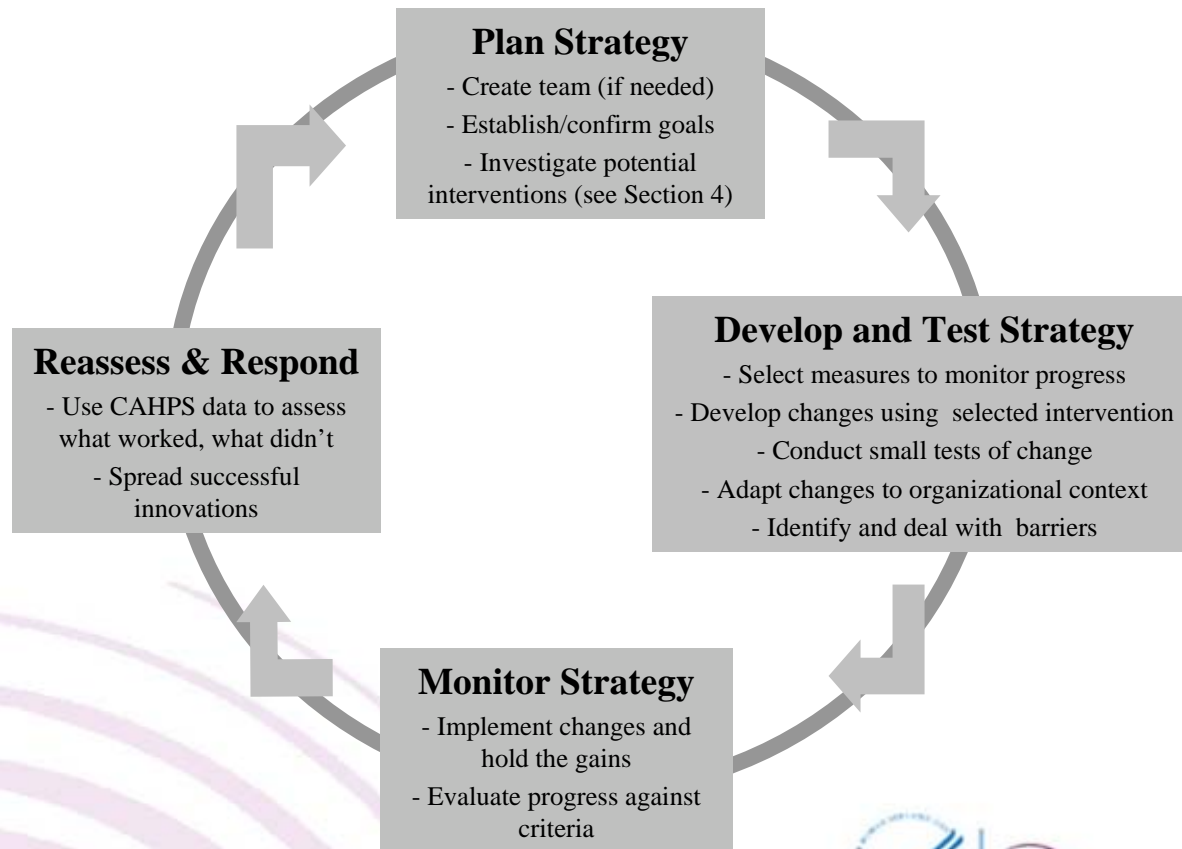- Identify and deal with barriers

**Monitor Strategy**
- Implement changes and hold the gains
- Evaluate progress against criteria

**Section 4.
Ideas for Improving Experiences with Care**

| Getting needed care | Getting care quickly | Doctors communicate well | Customer service | Claims Processing | Home health & preventive services |

# Improvement Process Cycle

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AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

CMS

U.S. Department of Health and Human Services

# CAHPS Activities in QI

- **ESRD—Designing and Using ICH CAHPS with the ESRD Networks**
- **A-CAHPS—Plans for group/clinician and health plan modules, ICSI**

# CAHPS QI Resources: A Web-based tool

- **Case studies from successful CAHPS projects**
- **Items/modules you should include in your survey**
- **Guidance on analyzing your survey data for QI, including diagnostic tools to drill down, how to interpret the data**
- **Identifying areas for improvement**
- **Good ideas and examples of intervention strategies, organized by topic, facility type, setting**
- **FAQs**

# The QI Process

- **Build effective QI strategies based on data about current practices**

- **Keep working the implementation actions – perseverance and follow-through**

- **"Institutionalize" new practices**

# Developing a Viable Quality Improvement Strategy

## *Steps to establish actions*

- **Assess current practices using relevant data and comparisons to standards**

- **Use data on current practices to set priorities for actions**
  - **CAHPS survey**
  - **Other surveys, observation, focus groups**
- **Develop a focused, realistic action plan**

# Using Data to Address Priority QI Needs

- **Compare performance to a standard**
  - **Evidence-based standards**
  - **Benchmarks to similar organizations**

- **Track data over time to both identify QI needs and assess QI success**

- **For performance on consumer-reported measures, CAHPS can provide information for benchmarking and monitoring**

# Criteria for Selecting Priority Performance Dimensions

- **Level of performance – absolute and relative to benchmarks**

- **Change in performance over time – amount of change and direction of change**

- **Correlation of dimension performance with overall quality ratings**

- **Ability to identify tangible actions that can be taken to improve performance**

- **Probability of quality improvement success with those actions**

# Assessment of the Usefulness of CAHPS for Health Plans

- **RAND interviewed 27 health plans**
- **Goals of interviews**
  - **Understand how health plan address consumer-reported measures in quality improvement**
  - **Document how health plans use CAHPS – marketing, quality improvement, other**
  - **Obtain feedback from health plans on the value and limitations of CAHPS for QI**
  - **Identify topics important to health plans for more actionable data from CAHPS**

# Feedback from Health Plans on CAHPS Limitations

- **Plans felt that CAHPS is limited in helping to identify specific actions and interventions**
- **Reasons cited:**
  - **Data reported at the plan level**
  - **Limited specificity in terms of scope of items, unit of analysis, and fit to different type of health plans**
  - **Data not timely enough to allow for improvements and monitoring**

# Development of CAHPS QI Supplemental Items

- **Developed and tested new, more actionable survey items – plan services, access, coordination of care**

- **Approach taken**
  - **Identify items that offer important information**
  - **Assess correlations to CAHPS items**
  - **Suggest strategies health plans can apply to use them in CAHPS surveys**

# When Supplemental Items Aren't Enough: Diagnostic Tools

- **CAHPS survey results not always actionable directly**
- **Non-survey methods available to "drill down" (specify the problem, identify causes and solutions)**
  - Focus groups or interviews with patients and/or staff
  - Root cause analysis to identify factors associated with an adverse outcome and corrective actions
  - Analysis of CAHPS survey results by population subgroups
- **AIR will work with ACAHPS partner to design QI diagnostic tool on "how to obtain further information"**

# AIR's Critical Incident Research for QI

- **AIR interviewed 83 patients & 18 clinicians on provider behaviors during specific visits**

- **Coding and analyzing transcripts with respect to the content of office visits, stage of visit and quality**

- **Will conduct co-occurrence study of care processes associated with good/poor quality visits**

- **Useful to identify potential levers for QI and specific behaviors relevant to CAHPS topics at each stage of the visit**

- **Based on results, AIR will design a "what to do" QI tool, e.g., patient flowsheet**

- **Descriptions of good quality visits often refer to clinical skills, interpersonal communication skills and provision of health-related information**

- **"Good" visits include combination of quality dimensions, rather than being dominated by a single type of behavior.**

- **Most often refer to the consultation stage of the visit**

- **Describe physician behaviors rather than nurse or office staff behaviors**

# What Patients Say About Good and Poor Visits

- *"He was very thorough. He pulls up information on his computer, so he has like all my history. He always makes sure everything is updated…Even if I have a like a little concern, right away he'll send me for like for a test…something just to make sure…"*

- *"He doesn't make eye contact and he…writes a prescription… They can't even read it in the pharmacy because he just, he's just in such a hurry, sometimes he doesn't even sit down."*

■ **Medicare CAHPS provides national data using comparable measures on selected domains of performance**

■ **Important to provide QIOs, plans, and providers tools to help them make improvements in CAHPS scores**

# Origin of the Guide

- **Experience with healthcare organizations trying to improve patient experiences of care:**
  - Picker Institute
  - CAHPS Survey Users Network, www.cahps-sun.org
  - NCBD
  - Institute for Healthcare Improvement
  - Institute for Clinical Systems Improvement

# Expert Reviewers

- **Kathy Coltin MPH, Performance Measurement, Harvard Pilgrim Health Care**
- **Pat Rutherford RN, Idealized Design of the Clinical Office Practice, IHI**
- **John Wasson MD, Dartmouth Hitchcock Clinic**
- **Ted Eytan MD, Medical Director of Group Health Cooperative's .mygrouphealth.com**
- **Eugene Nelson DSc, Dartmouth Hitchcock Medical School**
- **Sharon Ricciuti, PacifiCare Health Systems**

# Expert Reviewers

- **Connie Davis NP, Improving Chronic Illness Care Program, Group Health Cooperative**
- **Gail Amundson MD, Associate Medical Director for Quality and Utilization Improvement, HealthPartners**
- **Wendy Leebov PhD, Sage Consulting**
- **Lloyd Provost MS, Associates for Process Improvement**
- **George Isham MD, Medical Director and Chief Health Officer, HealthPartners**
- **Terry Hammons MD, VP for Research and Information, Medical Group Management Association**

# Improvement Strategies

- **Over 2 dozen strategies mapped to CAHPS core questions**
- **Apply to plan, medical group, or both**
- **Each strategy includes:**
  - Problem description
  - The intervention and its benefits
  - Examples of implementation
  - Key resources

# List of Interventions

- **Getting Needed Care**
  - Advanced provider directories
  - Rapid referral programs
- **Getting Care Quickly**
  - Open access scheduling
  - Streamlined patient flow
  - E-mail access
  - Internet access

# List of Interventions (cont.)

■ **Doctor Communication**
- Physician training
- Patient communication tools
- Shared decision-making
- Support groups and self-care
- Delivery of evidence-based information
- Planned visits
- Group visits

# List of Interventions

■ **Customer Service**

- Listening posts
- Patient and family advisory councils
- Service recovery programs
- Customer service standards

■ **Claims Processing**

■ **Home Health and Preventive Services**